



INSPECTIONS
200 3RD STREET NORTH
FARGO, NORTH DAKOTA 58102
PHONE: 701-241-1561
FAX: 701-476-6779

Special Structural Testing and Inspection Program Summary Schedule

Project Name: _____

Project Location: _____

Description (1)	Type of Inspector (2)	Specific Report Frequency (3)	Assigned Firm (4)

Note: **This schedule shall be filled out and included in a Special Structural Testing and Inspection Program.** (If not otherwise specified, assumed program will be "Guidelines for Special Inspection & Testing" as contained in the City of Fargo Building Code.)

- (1) Use descriptions per IBC Chapter 17.
(2) Special Inspector – Technical (SIT); Special Inspector – Structural (SIS)
(3) Daily, Weekly, monthly, per test/inspection, per floor, etc.
(4) Name of Firm contracted to perform services.

ACKNOWLEDGEMENTS (Each appropriate representative shall sign below)

Owner: _____ Firm: _____ Date: _____

Contractor: _____ Firm: _____ Date: _____

Architect: _____ Firm: _____ Date: _____

SER: _____ Firm: _____ Date: _____

ST-T: _____ Firm: _____ Date: _____

ST-S: _____ Firm: _____ Date: _____

TA: _____ Firm: _____ Date: _____

F: _____ Firm: _____ Date: _____

Legend: SER = Structural Engineer of Record SI-T = Special Inspector - Technical TA = Testing Agency
SI-S = Special Inspector - Structural F = Fabricator

If requested by engineer/architect of record or building official, the individual names of all prospective special inspectors and the work they intend to observe shall be identified as an attachment.

Accepted for the Building Department By _____ Date _____